

<i>SERFF Tracking Number:</i>	<i>NYLC-126012161</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance and Annuity Corporation</i>	<i>State Tracking Number:</i>	<i>41409</i>
<i>Company Tracking Number:</i>	<i>08100-2, ET AL.</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>CEUL-CEVUL Flat Extra & Unisex DP Informational Filing</i>		
<i>Project Name/Number:</i>	<i>/08100-2, et al.</i>		

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: CEUL-CEVUL Flat Extra & Unisex DP Informational Filing SERFF Tr Num: NYLC-126012161 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium Adjustable Life

Sub-TOI: L09I.001 Single Life SERFF Status: Closed State Tr Num: 41409

Filing Type: Form

Co Tr Num: 08100-2, ET AL.

Co Status: State Status: Approved-Closed

Authors: Team Leader, Sean Hebron

Date Submitted: 01/30/2009 Reviewer(s): Linda Bird

Disposition Date: 02/09/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number: 08100-2, et al.

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/09/2009

Deemer Date:

Filing Description:

RE: New York Life Insurance and Annuity Corporation (NYLIAC)

Individual Life Insurance

NAIC #: 826-91596

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/09/2009

Corresponding Filing Tracking Number:

SERFF Tracking Number: NYLC-126012161 *State:* Arkansas
Filing Company: New York Life Insurance and Annuity *State Tracking Number:* 41409
Corporation
Company Tracking Number: 08100-2, ET AL.
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: CEUL-CEVUL Flat Extra & Unisex DP Informational Filing
Project Name/Number: /08100-2, et al.

FEIN #: 13-3044743

Forms: 08100-2 and 0843-2

Informational Filing

Dear Commissioner:

For your informational purposes, we have enclosed two revised Data Pages that will be used with previously approved policy form 307-100 and 307-43.

Recently, we submitted a Life filing to your Department under the identifying numbers 08100-2.1, et al., which was approved by your Department on 10/15/2008 under NYPX-1258464008. This filing expanded the use of the policies to include Unisex issued cases. The submitted pages were intended to be part of that filing, but were inadvertently omitted. They have been revised to include the 2001 CSO Unisex Mortality table.

Please note that as of the date of this letter, the affected policy forms have never been issued.

We hope that this information is satisfactory and request that you update your files with these revised Data Pages.

If you have any questions, please feel free to contact Diana Moody at 1-888-695-4748 ext. 4064 or via email at dmoody@newyorklife.com.

Sincerely,

Corporate Vice President
Individual Life Department
Encl.

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 Adjustable Life
 Product Name: CEUL-CEVUL Flat Extra & Unisex DP Informational Filing
 Project Name/Number: /08100-2, et al.

Company and Contact

Filing Contact Information

Sindy Marty, Contract Associate III
 51 Madison Avenue
 New York, NY 10010
 sindy_marty@newyorklife.com
 (212) 576-7389 [Phone]
 (212) 447-4141[FAX]

Filing Company Information

New York Life Insurance and Annuity Corporation
 51 Madison Ave
 New York, NY 10010
 (212) 576-4809 ext. [Phone]
 CoCode: 91596
 State of Domicile: Delaware
 Group Code: 826
 Company Type: Life
 Group Name: NYLIC
 State ID Number:
 FEIN Number: 13-3044743

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form X 2 forms = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$100.00	01/30/2009	25380189

SERFF Tracking Number:	NYLC-126012161	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	CEUL-CEVUL Flat Extra & Unisex DP Informational Filing		
Project Name/Number:	/08100-2, et al.		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/09/2009	02/09/2009

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<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>CEUL-CEVUL Flat Extra & Unisex DP Informational Filing</i>		
<i>Project Name/Number:</i>	<i>/08100-2, et al.</i>		

Disposition

Disposition Date: 02/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLC-126012161 State: Arkansas

Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 41409

Company Tracking Number: 08100-2, ET AL.

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: CEUL-CEVUL Flat Extra & Unisex DP Informational Filing

Project Name/Number: /08100-2, et al.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Data Page 2		Yes
Form	Data Page 2		Yes

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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	CEUL-CEVUL Flat Extra & Unisex DP Informational Filing		
Project Name/Number:	/08100-2, et al.		

Form Schedule

Lead Form Number: 08100-2

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	08100-2	Data/DeclarData Page 2 ation Pages	Revised	Replaced Form #: 07100-2 Previous Filing #:	0	PG2G.pdf
	0843-2	Data/DeclarData Page 2 ation Pages	Revised	Replaced Form #: 0743-2 Previous Filing #:	0	PG2G.pdf

POLICY INFORMATION

Insured:
[John Doe]

Age and Gender:
[35 Male]

Class of Risk:
[Non-Smoker]

Owner: [XYZ Corporation]
Policy Number: [66 000 000]

Policy Date: [December 1, 2007]
Issue Date: [December 1, 2007]

Beneficiary: As designated on application, or as subsequently changed in accordance with the change of beneficiary provisions.

Life Insurance Benefit Option [1]

Life Insurance Qualification Test [Cash Value Accumulation Test]

Policy Years and Policy Anniversaries are measured from the Policy Date.

PREMIUM INFORMATION

Initial Face Amount: [\$75,000]

Initial Premium Payment Amount: [\$5,929]

Target Premium Amount: [\$2,538]

Planned Premiums payable* at [annual] intervals: [\$5,929]

Minimum Face Amount: [\$25,000]

Minimum Face Increase Amount [\$1,000]

Minimum Face Decrease Amount [\$1,000]

* Premiums cannot be paid on or after the Policy Anniversary on which the insured is age 100, which is *December 1, 2072*. Coverage will expire when the Cash Surrender Value is insufficient to cover the Monthly Deduction Charge. Making the Planned Premium payments shown above will not guarantee that the policy will remain in force. The period for which the policy and coverage will continue in force will depend on: (1) the amount, timing and frequency of premium payments; (2) changes in the Life Insurance Benefit Option or the Face Amount; (3) changes in the Monthly Cost of Insurance deductions for the base policy and in the Monthly Cost of Riders attached to this policy, and in any other fee deductions; and (4) loan and partial surrender activity.

The Cash Value will be credited with interest at a rate that we set in advance at least annually. This rate is guaranteed to be at least 3%.

The mortality table referred in Section 9.14 is the Commissioners' 2001 Standard Ordinary Composite, Table-Age Nearest Birthday, Sex Distinct or Unisex Mortality Table.

POLICY INFORMATION

Insured:
[John Doe]

Age and Gender:
[35 Male]

Class of Risk:
[Non-Smoker]

Owner: [XYZ Corporation]
Policy Number: [66 000 000]

Policy Date: [December 1, 2007]
Issue Date: [December 1, 2007]

Beneficiary: As designated on application, or as subsequently changed in accordance with the change of beneficiary provisions.

Life Insurance Benefit Option [1]

Life Insurance Qualification Test [Cash Value Accumulation Test]

The Separate Account is the Corporate Sponsored Variable Universal Life Separate Account – [I]

Policy Years and Policy Anniversaries are measured from the Policy Date.

Business Day is a day that the New York Stock Exchange is open for trading.

PREMIUM INFORMATION

Initial Face Amount: [\$75,000]

Initial Premium Amount: [\$5,929]

Target Premium: [\$2,538]

Planned Premiums payable* at [annual] intervals: [\$5,929]

Minimum Face Amount: \$25,000

Minimum Face Increase Amount \$1,000

Minimum Face Decrease Amount \$1,000

* Premiums cannot be paid on or after the Policy Anniversary on which the insured is age 100, which is [December 1, 2072]. Coverage will expire when the Cash Surrender Value is insufficient to cover the Monthly Deduction Charge. Making the Planned Premium payments shown above will not guarantee that the policy will remain in force. The period for which the policy and coverage will continue in force will depend on: (1) the amount, timing and frequency of premium payments; (2) changes in the Life Insurance Benefit Option or the Face Amount; (3) changes in the Monthly Cost of Insurance deductions for the base policy and in the Monthly Cost of Riders attached to this policy, and in any other fee deductions; and (4) loan and partial surrender activity.

The mortality table referred to in Section 11.15 is the Commissioners' 2001 Standard Ordinary Composite, Table-Age Nearest Birthday, Sex Distinct or Unisex Mortality Table.

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Rate Information

Rate data does NOT apply to filing.

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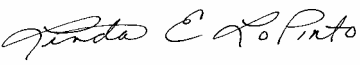
Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Flesch Certification	01/29/2009
Comments:		
Attachment:		
Readability Certification General.pdf		

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

I certify that this form meets the standards of your State's Readability Laws.

NEW YORK LIFE INSURANCE AND
ANNUITY CORPORATION

SIGNED	<u></u>
TITLE	<u>Corporate Vice President</u>
DATE	<u>January 30, 2009</u>

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Flesch Scores from forms submitted with this filing are:

<u>Form No.</u>	<u>Flesch Score</u>
08100-2.1 to be used with 307-100	51
0843-2.1 to be used with 307-43	51